

## State of New Hampshire 2009 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80. REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/04/2009

Business ID: 568162

William M. Gardner

Secretary of State

| 25 ( | CK NINE REAL ESTATE HOLDINGS, LLC  CONSTITUTION DRIVE  DFORD, NH 03110  ENTITY TYPE:  BUSINESS ID:  568162  STATE OF DOMICILE:  NEW HAMPSHIRE   | ADDRESS OF PRINCIPAL OFFICE: 25 CONSTITUTION DRIVE BEDFORD, NH 03110 REGISTERED AGENT AND OFFICE: TRACEY, KEVIN |       |
|------|---|---|-------|
|      | REAL ESTATE   | 66 WENDOVER WAY BEDFORD, NH 03110   |       |
| 2    | The new mailing address  The new principal office address   | heck the appropriate box and fill in the necessary information.   |       |
|      | PO Box is   | acceptable.   |       |
|      | MANAGERS  NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT  MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS  MEMBERS  NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS |   | ·     |
|      | MANA. Kevin T Tracey  | MEMB. Kevin T Tracey  |       |
|      | STREET 25 Constitution Drive  | STREET 25 Constitution Drive  |       |
|      | CITY/STATE/ZIP Bedford Nh 03110   | CITY/STATE/ZIP Bedford Nh 03110   |       |
|      | MANA. Haden W Edwards   | MEMB. Haden W Edwards   |       |
| 3    | STREET 25 Constitution Drive  | STREET 25 Constitution Drive  |       |
| -    | CITY/STATE/ZIP Bedford Nh 03110   | CITY/STATE/ZIP Bedford Nh 03110   |       |
|      | NAME  | NAME  |       |
|      | STREET  | STREET  |       |
|      | CITY/STATE/ZIP  | CITY/STATE/ZIP  |       |
|      | NAME  | NAME  |       |
|      | STREET  | STREET  |       |
|      | CITY/STATE/ZIP  NAMES AND ADDRESSES OF ADDITIONAL   | CITY/STATE/ZIP  MANAGERS/MEMBERS ARE ATTACHED   |       |
|      | To be signed by the manager, if no  | manager, must be signed by a member.  |       |
| 4    | I, the undersigned do hereby Certify that the statements on this r  | report are true to the best of my information, knowledge and be   | lief. |
|      | Sign here: Kevin T Tracey   |   |       |
|      | Please print name and title of signer: Kevin T Tracey   | / MANAG   | ER    |
|      | NAME  | TITI  | E     |
|      | FEE DUE: \$100.00 E-MAIL ADDRESS  | S (OPTIONAL):   |       |

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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED